

NC HEALTH CHOICE (NCHC) TRAINING GUIDE

Last Revised 12-23-04

I. NCHC PROBLEM SITUATIONS

A. BACKGROUND INFORMATION

The Eligibility Information System (EIS) and Blue Cross Blue Shield (BCBS) are separate systems. EIS is the gateway that transmits information to the BCBS system. Information that appears correct in EIS may or may not be correct in the BCBS system.

The EIS certification 'from' date is the first month of the BCBS coverage period for new approvals. The Medicaid effective date is the begin date for add-on approvals. BCBS retains the original 12 month enrollment period. Once a 12 month coverage period is established at BCBS, earlier coverage can not be entered into their system without BCBS wiping out coverage. This process can take several months to complete and clients are without coverage during this period of time.

B. OVERLAPPING EXISTING COVERAGE PERIOD

1. Never overlap a month of NCHC coverage over NCHC coverage.

At application or reapplication, if the children already receive NCHC in the month of application, the NCHC period should begin with the month following the month of application. The first month of NCHC coverage should not overlap existing coverage.

Correct Example: Existing NCHC coverage period is 7-1-01 thru 6-30-02. Case closes at the end of June due to failure to provide information. Client returns packet and all information on 6-29-02. Based on grace period policy, worker is able to reopen case. DOA of application is 6-29-02. The next certification period begins 7-1-02.

The problem that may occur with these situations is that the EIS certification "from" date may be entered as the first day of the month of application.

Using the example above, the worker incorrectly enters 6-1-02 as the certification "from" date. This is incorrect because June overlaps June.

When this happens, the case errors out and does not transmit to BCBS. To correct the situation, the EIS Unit must contact you to have the case closed. Then, an administrative reapplication must be completed using 7-1-02 as the certification from and effective date.

- b. Enrollment period begins the first day of the month of application if the family is eligible in that month, or the first day of the month following application in which child(ren) meet NC Health Choice eligibility requirements and have not received Medicaid (the enrollment period and authorization period must be the same).
- c. **If the child(ren) received Medicaid in the month of application, the NCHC period begins the first day of the following month in which they did not receive Medicaid.**

Please NOTE: This overlap situation can occur when you determine a NCHC case is eligible for Medicaid and/or a Medicaid case is eligible for NCHC.

Refer to MA 3255, II.C.2.b. and c.

2. Never overlap a month of Medicaid coverage with NCHC coverage.

If the individual has Medicaid and you incorrectly overlap the month with NCHC, the case will process at BCBS. The IE will not overlay for the month of overlapped coverage and it will appear NCHC is just 11 months. Look at the certification "from" date on the CD. This is what BCBS will show as the begin date for the NCHC. EIS will not require a fix to this situation as long as it did process at BCBS. Note: If there was some kind of problem and the case should not have been Medicaid when the overlap occurred, this needs to be evaluated by EIS staff.

3. Never overlap a month of NCHC coverage with Medicaid coverage.

If the individual has NCHC and you overlap the month with Medicaid, the IE will not show Medicaid for the overlapped month. If the provider files Medicaid instead of NCHC for the overlapped month, these claims will not be paid. The county will be charged for any medical expenses which are not filed with NCHC for this month.

C. **SKIPPED MONTH**

At application or reapplication, the certification "from" date must be equal to or later than the month of application. The only reason for it to begin later than the month of application is due to existing coverage or ineligibility during the month of application. Otherwise, coverage should not be skipped.

Correct Example: NCHC application date is 7-3-02. Client has no coverage in any program for July and no insurance to delay eligibility. The NCHC certification period is 7-1-02 thru 6-30-03 with an effective date of 7-1-02.

The problem that can occur with this situation is beginning the certification period too late.

Using the above scenario as an example, it is incorrect to key the certification period as 8-1-02 through 7-31-03 with an effective date of 8-1-02. The month of July is completely skipped.

The problem is not as complicated to fix in EIS as it is to fix BCBS. In fact, it's a big problem to fix in BCBS. Once the coverage begin date is set in the BCBS system, it can not be simply closed and resubmitted with an earlier date. The coverage period has to be completely wiped out of the BCBS system. The process can take several months. Meanwhile, the child is without coverage.

In these cases, EIS staff will have DIRM put a "patch" on the case so nothing will go over to BCBS that might cause a problem with the ongoing coverage period. After the "patch" is in place, EIS staff will have the county key an open/shut approval for the skipped month. Once the approval processes, EIS staff will have you contact the client and determine if there is a medical need for the month(s) that was skipped. If there is none, we do not fix this problem at BCBS. You must document the record. The client does receive 12 months of coverage.

If there is a medical need, EIS staff will begin the process to correct. You must explain the situation to the family and inform them of procedures to follow to get medical services if needed during the period of time in which the case is being corrected. You are usually able to verify coverage when a doctor's visit is needed. However, if a prescription is needed, the client will need to contact you. You will contact EIS and the EIS staff will contact BCBS to open the drug file for that day.

An EIS consultant **MUST** be contacted to assist with correcting this situation. BCBS can not be corrected by correcting EIS.

Recommendation: Double check the case carefully prior to keying any dates.

D. OTHER INSURANCE COVERAGE

When approving cases that had other insurance coverage at the time of application, the certification from date and effective date must be the same. Also, do not authorize or enter a certification period prior to the verified discontinuation of the other coverage.

Correct Example: Client applies on 5-16-02. Case is approved on 7-1-02 because insurance coverage ended 6-13-02. The correct certification period is 7-1-02 thru 6-30-03 with an effective date of 7-1-02.

Problems that can occur regarding this situation are due to keying incorrect effective dates and certification "from" dates.

Using the above example, the worker enters the effective date of 7-1-02, but incorrectly enters the certification period as 5-1-02 thru 4-30-03.

Still using the above example, the worker keys both the certification from date and effective date as 5-1-02.

Reminder: For new applications and reapplications, BCBS uses the certification from date in EIS as the begin date for NCHC coverage (not the effective date).

Therefore, in the situations above, BCBS has coverage for 2 months for which the client is not even eligible (May and June).

In both of these examples, corrections to the BCBS system are very time consuming and would cause the client to be without coverage. This error will not be corrected at BCBS. It is an error in coverage. EIS will have the Claims Analysis staff update the authorization date on the Medicaid History (IE) segment as applicable in EIS to match the eligibility at BCBS.

Verify discontinued insurance coverage by verbal or written contact with the A/R or the insurance company. If verification of discontinued insurance is provided by the 45th day, **authorize NC Health Choice effective the 1st of the month after the insurance coverage ends but no later than the month following the month of the 45th day. The Certification From Date and the Medicaid Effective Date must be the same.**

Refer to MA 3255 IV.B.3.c.
EIS 4300, Part 4. III.K.

Note: If the case is not eligible for NCHC in the month of application, the effective date and certification from date should equal the first day of eligibility.

When this mistake (incorrect Certification From Date) is discovered, the county MUST call EIS. Do not try to correct the case in EIS. Correcting EIS will not correct BCBS.

E. REOPENING AN NCHC CASE THAT IS STILL WITHIN THE ORIGINAL 12 MONTH COVERAGE PERIOD AT BCBS

Here are a couple of situations that can cause the coverage periods between EIS and BCBS to be out of synch if they are not done correctly. Since you can not tell through EIS inquiry what the BCBS system has, we recommend you call EIS first to verify.

The EIS certification from date is the first month of the coverage period in the BCBS system for new approvals. The Medicaid effective date is the begin date for add-on approvals. BCBS retains the original 12 month enrollment period unless a new case id is used.

Example 1: If a case closes and needs to be reopened retaining the original certification period, and there is NO lapse in coverage, the county should complete an administrative re-application using the original month of application and the original certification period. The effective date should be the first day of the month following the month in which the case was closed in EIS.

Example 2: If a case closes and needs to be reopened retaining the original certification period, and there IS lapse in coverage (due to SSI Medicaid, HSF or IAS, for example), the county should complete an administrative re-application with a date of application no earlier than the original date of application and the original certification period. The effective date should be the first day of the month following the month in which the Medicaid terminated.

Example 3: In cases where there is a lapse in coverage or any situation in which the county needs to establish a new 12 month period, they will need to complete a new application with a new case id which will end the original enrollment period in the BCBS system and accept the new 12 months.

These are very tricky and we would very much like to have you call EIS if there is any question on how to reopen a case.

Manual References: MA 3255 VI. C. 8., 9., and 11. f.
EIS 4300, Part 5, VIII. H. and J.

F. VERIFYING L COVERAGE FOR INDIVIDUALS REAPPLYING FOR J, K, S, A, or N

When a case is in L class and the client applies for Medicaid or NCHC J, K, S, or A, you MUST contact EIS to verify if premiums were paid for the L coverage. Caseworkers continually fail to do so.

If L premiums have not been paid, a reapplication against the L case can be completed. You can call to have the Claims Analysis Unit overlay any months back to the month of application.

Example: A NCHC case is "L" class with a certification period of 2-1-02 thru 1-31-03. The client reapplies on 7-9-02 and is eligible for "K" class. The county calls EIS and verifies NO premiums were paid. (You should document who you spoke with and what you were told. You may be asked for this when you contact the Claims Analysis Unit.) You close the L case effective 7-31-02. You proceed with the reapplication and process the case with a cp of 7-1-02 thru 6-30-03 for K. The IE will show L coverage thru 7-31-02 and K coverage beginning 8-1-02. Because no premiums were paid, there was no coverage and you can call claims to request an overlay beginning 7-1-02. The Effective Date will be the same as the Cert From Date.

This is especially important if the case is now MIC N. Claims will be denied for July if this overlay is not completed.

This next piece is why it is very important to contact EIS FIRST.

If premiums for L coverage are being paid, EIS must first have BCBS close the L coverage in their system. This must occur before anything is done in EIS. Once the case is closed at BCBS, EIS staff will advise you of the date you can begin the new coverage. A new application using a new case ID must be completed. Do not complete a reapplication if premiums were paid. No overlay can be done, because this person had coverage. You must not contact the Claims Analysis Unit to overlay any coverage. You should authorize 12 months of coverage beginning with the month following the month that L coverage was terminated at BCBS.

This situation is covered in detail in MA 3255 VI.I.5.

If you complete a reapplication approval for NCHC and the person paid L premiums, the new coverage will not transmit to BCBS. Therefore, if this is discovered, it is important for you to contact EIS to inquire into the status of the case. A correction may be required.

G. SOCIAL SECURITY NUMBER PROBLEMS

We recommend that you use the SOLQ process to verify the SSN for each NCHC applicant.

When a SSN is entered incorrectly in EIS and processes at BCBS, it becomes permanent in the BCBS system. Correct the SSN in EIS. Correcting this number in EIS does not correct the number in the BCBS system.

Once the 8125 to disposition a NCHC application has processed in EIS, an incorrect SSN can not be changed at BCBS. The incorrect SSN will be the child's NCHC identification number.

Refer to EIS 4300, Part 3 and Part 5.

H. USING CORRECT NOTICE CODES

We encourage you to carefully check notice (approval, change, and termination) codes. Using the correct code will eliminate incorrect BCBS records and also a lot of work for EIS consultants.

Workers often use incorrect NCHC codes or Medicaid codes for many NCHC actions.

Example: A child is being terminated from the case. The worker uses code 70, which for NCHC is for the child reaching age 19. The termination kicks out at BCBS because the child is 12. Please note that 70 is an "other" code for Medicaid. EIS has to research the situation and contact the county to determine what the situation is. In this example, the termination must be keyed in manually by EIS using the correct code.

NCHC codes are in EIS 4300, Part Six.

II. NCHC/BCBS HELPFUL HINTS

- A. If a client contacts you after being told by BCBS that there is no eligibility in their system; do not refer them back to BCBS. Call EIS.
- B. Once a 12 month period has been updated in BCBS, you cannot do an open/shut to give coverage for earlier months. You must call EIS to get it corrected. This could take up to 2 months to correct.

This is true also if you need to add an individual to a case for a month(s) earlier than the beginning of the current certification period on the case. You must call EIS for assistance.

- C. Contact EIS first if an individual needs to be added to a NCHC case and a reenrollment for that case is due that same month. If keyed incorrectly, the added individual will not update and it will take up to 2 months to get coverage updated on this child.
- D. If you process something on a NCHC case and realize a mistake has been made, **STOP**. Do not key anything else. **Call EIS**. It may be a little problem that can be easily fixed if handled promptly. Trying to correct in EIS can cause major problems with BCBS.
- E. "L" coverage does not generate a card. Until the client pays the premium, the child does not have any coverage and the case at BCBS will show cancelled as of the end of the J/K/S/A enrollment period.
- F. Social security number is used for the BCBS Subscriber ID number if sent with the application approval, otherwise the Medicaid ID number is used. If the Medicaid ID is used initially, BCBS will not change to the SSN even if it is later sent.
- G. Benefit cards are issued the night the case updates in the BCBS system and are mailed the next business day.
- H. The drug coverage file updates mid-afternoon the day after coverage updates in the BCBS system.
- I. # signs in an address field are treated as deletions. Any information in the field following the address is deleted.

When keying apartment numbers in an address, key the apartment number with no space included. For example:
APT6B.
- J. Address changes do not generate issuance of a new card. If a card is needed after an address change, request a new card by calling BCBS at 1-800-422-4658 and also verify that the correct address is in their system.
- K. The premium notice for "L" coverage is just a letter. It is not a big enrollment package.
- L. BCBS gives clients 60 days from the point the notice is sent to accept the Optional Extended coverage.
- M. Please refer to EIS 4300 and F/C MA 3255 for NCHC situations. Although the aid program/category is MIC, the policy and procedures are different between "N"

classification and the NCHC classifications "J, K, S, A, and L".

- N. Call the EIS Unit at (919) 855-4000 if you have any questions about NCHC.

S:\Recipient and Provider\EIS\NCHC\NCHC General\NC HEALTH CHOICE
TRAINING GUIDE.doc